

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09641312
APPLICANT(S)

FILING DATE
08-18-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓	✓					51						
2		✓					52						
3		✓					53						
4	✓	✓					54						
5	✓	✓					55						
6	✓	✓					56						
7		✓					57						
8		✓					58						
9		✓					59						
10	✓	✓					60						
11	✓	✓					61						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	✓		✓		✓	TOTAL IND.		✓		✓		✓
TOTAL DEP.	5	✓		✓		✓	TOTAL DEP.		✓		✓		✓
TOTAL CLAIMS	11						TOTAL CLAIMS						

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